



BLADEN COUNTY HEALTH DEPARTMENT

Environmental Health Division

P.O. Box 189

450 Smith Circle - Elizabethtown, NC 28337

Phone: (910) 862-6852 Fax: (910)862-6932



LIMITED FOOD SERVICE ESTABLISHMENT APPLICATION

Type of Operation: Amateur Athletic Organization Lodging Facility Other: _____

Name of Operator: _____

Name of Applicant: _____ Phone: _____

Address of Facility: _____

City: _____ State: _____ Zip Code: _____

Name/Corporation to be listed on permit: _____ Phone: _____

Permittee Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Federal Income Tax ID # (non-profit organizations only): _____

Please complete the following information about the facility:

1) **DAYS/HOURS OF OPERATION** – List the days and hours when the facility will be used:

**Amateur athletic organizations should attach a schedule of their seasonal events.*

2) **FOOD PROTECTION MANAGER CERTIFICATION** – Has the operator/person in charge of the facility taken and passed an approved food safety course within the last 5 years?

Yes No If yes, list name and expiration date on certificate: _____

3) **EMPLOYEE HEALTH POLICY** – How will employees be notified of the requirements listed in the employee health policy? _____

4) **MENU ITEMS** – List the menu items that will be served in the facility.

Food Item	Purchased From?	Thaw? Where?	Cut/Wash? Where?	Cook? How? Where?

5) **COLD STORAGE FACILITIES** – Provide the total number of refrigerators and freezers in the facility.

Type of Cold Storage Unit	Number of Units
Reach-in Refrigerators	
Reach-in Freezers	
Sandwich/Prep Refrigerators	
Walk-in Cooler	
Walk-in Freezer	
Other Units	

-List items that will be held cold: _____

-List any cold items that be held using “Time as a Public Health Control”: _____

6) **HOT STORAGE FACILITIES** – Provide the type and total number of hot storage units:

Type of Hot Storage Unit	Number of Units
Tabletop Steamer/Warmer	
Steam Table	
Hot-holding cabinet	
Other Units	

-List items that will be held hot: _____

-List any hot items that be held using “Time as a Public Health Control”: _____

7) **DRY STORAGE** – Describe the storage location of the items listed below:

- Single-service items (paper plates, utensils, cups, etc.): _____
- Food items (condiments, bread, etc.): _____
- Chemicals: _____
- Employee personal items: _____

8) FACILITY DETAILS – Provide details pertaining to the facility below:

WATER SUPPLY

- What type of water supply is provided? Municipal/Public Well*
 Ice used by the facility will be: Made on the Premises Purchased

WASTEWATER SYSTEM

- What type of wastewater system is provided? Municipal/Public Septic System*

** If the facility is served by a well or an on-site wastewater system, a separate application must be submitted to the On-site Wastewater Section to determine if the well and/or septic system meets requirements. (new facilities only)*

HAND SINKS

- Number of hand sinks in the facility: _____
 Location of hand sinks: _____

UTENSIL WASHING EQUIPMENT

- Number of sink compartments: _____
 Where will dishes and utensils be air-dried? _____

 What type of sanitizer will be used? Chlorine Quat Hot water (at least 171 F)
 Describe how large food contact equipment (cutting boards, cooking equipment, prep tables) will be cleaned and sanitized: _____

 Will a dishmachine be used? Yes No
o Manufacturer & Model Number: _____
o Type of Sanitization: Chemical Hot water

OUTDOOR COOKING AREA

- Will there be an outdoor cooking area? Yes No (if no, proceed to next section)
 If yes, what will be cooked outside? _____
 Will an overhead cover (tent/shelter) be provided? Yes No
 What type of ground covering is provided (concrete, grass, gravel)? _____
 Will shatter-resistant lighting be provided for night events? Yes No

REFUSE & RECYCLABLES

- Where will refuse be stored? Inside Outside
o If inside, where will refuse be stored? _____
 How will refuse be disposed of? Dumpster/Compactor Municipal Convenience Site
o Where will dumpster or compactor be cleaned? Off-site On-site
o If off-site cleaning provided, provide name of contractor: _____
 Describe size and location of the mop sink or can wash area: _____

PEST CONTROL

- How are all outside doors protected? Self-closing Fly fan Screen door
 How are outside windows protected? Screens Self-closing
 Is the facility air-conditioned or equipped with fans? Yes No Type: _____

Statement: I hereby certify that the information provided herein is accurate to the best of my knowledge.
I understand that:

- Any deviation or variance of this application after it has been approved by this Department may result in the delay or denial of an operational permit.
- Food service facilities which are found to be non-compliant with the design standards listed in 15A NCAC 18A .2600 "Rules Governing Food Protection and Sanitation of Food Establishments" will not receive an operational permit from this Department.
- Approval of this application or issuance of an operational permit by Bladen County Environmental Health does not constitute compliance with other codes, laws, regulations, and ordinances imposed by other regulatory authority having jurisdiction.
- This permit expires on December 31st of each year and must be renewed annually.

Signature of Applicant/Operator: _____ Date: _____

Application Submission Requirements:

- 1) Completed application submitted at least **30 days** prior to commencing operation.
- 2) Proposed menu.
- 3) Calendar of seasonal events (amateur athletic organizations only).
- 4) Scaled drawing or plans for the facility (new facilities only).
- 5) Manufacturer's specification sheets for all proposed food service equipment (new facilities only).
- 6) Non-refundable fee: \$75.

Please feel free to contact us at (910) 862-6852 if you have questions about this application.